

HIE Steering Committee

September 18, 2019



Agenda

Topic	Schedule
Welcome	10:30 – 10:35
Connectivity Criteria Recap	10:35-11:00
HIE Data Governance	11:00-11:20
Non-Technical Roadmap HIE Plan Updates	11:20-11:30
BREAK	11:30-11:40
Technical Roadmap Draft Review – Responsible Parties	11:40-12:30

VHIE Connectivity Criteria

September 18, 2019

Mike Smith, VITL President & Chief Executive Officer
Carolyn Stone, VITL Director of Operations

VHIE Connectivity Criteria Approval

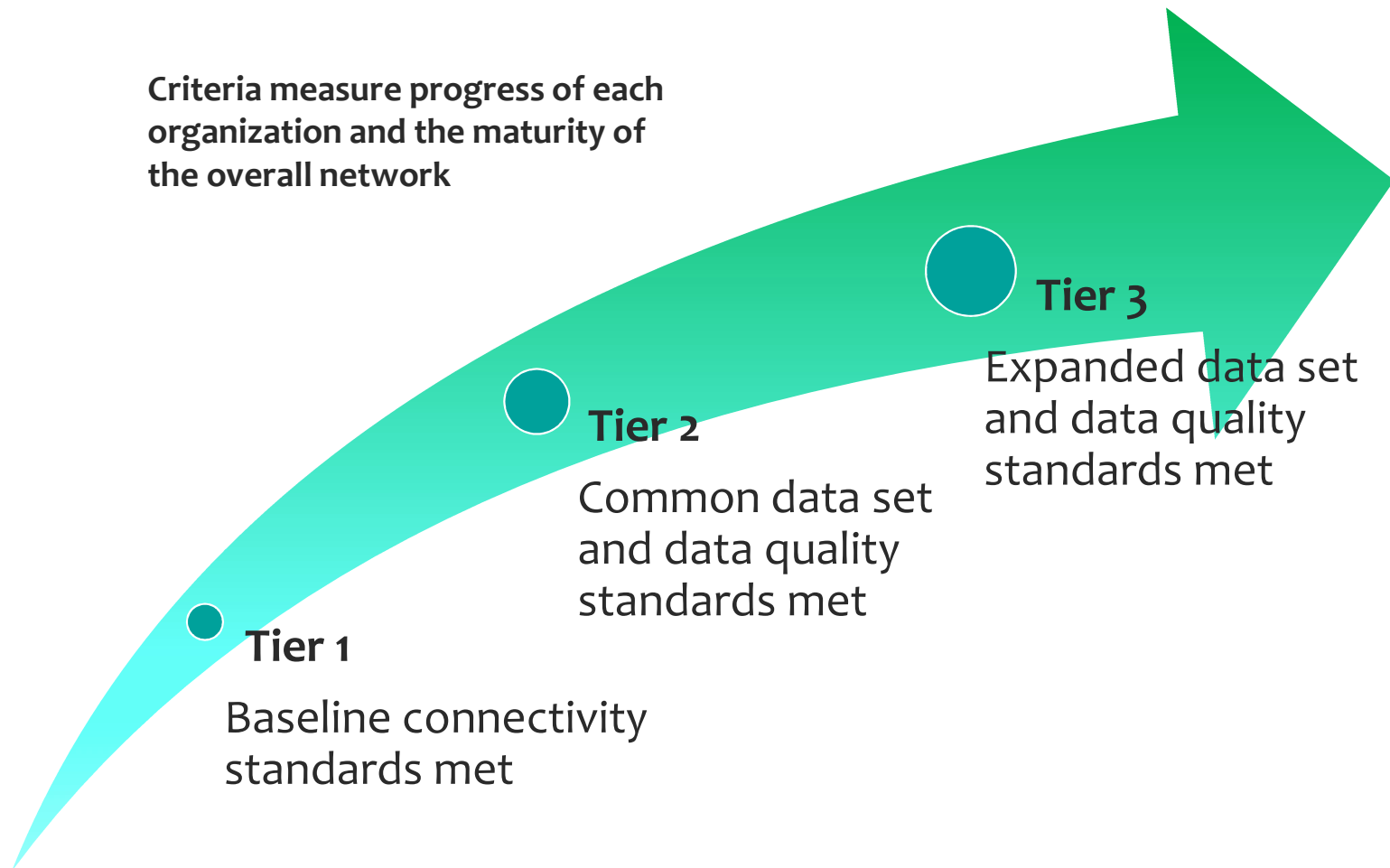
- Establishes the conditions for health care organizations to connect to the Vermont Health Information Exchange (VHIE) that will apply for 2020
- The Connectivity sub-committee was created in 2019 and has made recommendations for updates to the Criteria
- Approved updates will be incorporated into the State HIE Plan in late September by DVHA
- The State HIE Plan will be reviewed and approved by the GMCB in November

VHIE Connectivity Criteria Update Process

- The Connectivity sub-committee consists of members from VITL, Blueprint, DVHA, OneCare Vermont, Vermont Care Partners, a consumer advocate, the hospital association, Bi-State and the Vermont Chronic Care Initiative
- The sub-committee was created and met multiple times in 2019 to identify areas that needed updates based on program needs and the use of the criteria during 2019
- The group tried to align the Criteria with the program needs and the Office of the National Coordinator (ONC) United States Core Data Interoperability (USCDI) data set
- The Criteria are mainly focused on Primary Care measures now
- Discussion was held about the need for differing criteria for specialty programs like women's health or behavioral health. These will be investigated by the group in 2020

Connectivity Criteria Drive Advancement

Criteria measure progress of each organization and the maturity of the overall network



Evolution of the Criteria

Existing Criteria	Revised Criteria
Created in 2018 for application in 2019	Connectivity sub-committee engaged in 2019 to update Criteria based on experience and utilization in 2019
Tier 2 defined with optional elements	Data Prevalence was evaluated for 2019 Tier 2 criteria to help in decision making for 2020. Tier 2 was updated to reflect additional key common data elements for health reform program requirements and to move some to Tier 3
Tier 3 not defined yet	Tier 3 defined to support the health reform program requirements and the U.S. Core Data for Interoperability (USCDI) elements
Customer and stakeholder education to help them understand how the criteria are applied, the benefits and the outcomes in achieving the criteria.	Updated documentation based on feedback from Customers and Stakeholders who have been through the process.

Proposed Updates to the Criteria

Existing Tier 2 Criteria	Revised Tier 2 Criteria
5 Immunizations	10 new Immunizations added to align with stakeholder program needs (HiB, Hep A, Hep B, DTap, TDap, Rotavirus, MCV4, Men B, IPV, and HPV)
Servicing Provider NPI	Added Assigned Provider NPI and sending facility
9 diagnostic results	3 new diagnostic results added to align with stakeholder program needs (fasting blood glucose, Lyme disease test, and cervical cancer screening HPV test)
9 problems	5 new problems added to align with stakeholder program needs (COPD, stroke, anxiety, depression, tobacco use including nicotine)
5 procedures	2 new procedures added to align with stakeholder program needs (cervical cancer pap and Ultrasound or CT for cancer)
3 screenings	2 new screenings added to align with stakeholder program needs (substance use disorder and breast cancer)
No Hospital encounters	3 new inpatient encounters were added for Hospital Admissions, Discharges and Transfers
10 vital signs	2 vital signs for Body Temperature and Inhaled Oxygen Concentration were moved to Tier 3

Questions?

HIE Data Governance

- The HIE Steering Committee's role is to define the vision for HIE in Vermont, guide strategy toward achievement of that vision, and identify, and when possible, remove barriers to meeting state-wide HIE goals
- HIE Steering Committee Data Governance efforts consist of a tiered structure aligning strategic, tactical and operational goals, outlined in the HIE Plan
 - **Strategic** – engaging in the development and support of policies that embolden health data exchange across the health care system. Example: the state's Consent to Share Health Information Policy.
 - **Tactical** – identifying and defining data exchange standards that support exchange of health data to enable achievement of the state's vision for clinical decision support and data analytics. Example: the Connectivity Criteria.
 - **Operational** – supporting development of organization-specific or inter-Agency processes that relate to the capture and exchange of health data. Example: creation of a shared definition of a “person, patient, consumer” to be used by related systems such as the VHIE and the state's Integrated Eligibility and Enrollment systems.

HIE Data Governance – Review of Key Concepts

- The act of formalizing data governance offers an organization an opportunity to learn and mature processes in a continuous, inclusive format
- Though data governance can be considered a technical function, when done well, it unites operational and technical personnel to best understand and plan for what data is held and how data can be used as an asset
- Data governance offers a platform to use data-driven decision making in support of executive leadership functions.

Data Governance Goals for CY20

- Act as an arbitrator of Data Governance issues among stakeholders
 - Develop a formal process that allows stakeholders to document data quality issues, submit to an “HIE data quality work queue.”
 - The HIE Steering Committee will advise on solution and remediation plans for issues.
- Convene a Data Governance Sub-Committee
 - Review the Data Governance policies among HIE Stakeholders
 - Through working sessions of the sub-committee, develop a recommendation for a statewide HIE Data Governance policy, and bring this recommendation to the HIE Steering Committee

Data Governance Policy: 2020 Priority – Sensitive Data Policy

- Once convened, we anticipate that a main priority for the Data Governance sub-committee will be the development of a policy for handling sensitive data. The following tactics will enable the sub-committee to develop this policy recommendation:
 - convene experts to focus on requirements for management of specific use cases
 - design and implement a “Sharing Sensitive Data” policy that defines requirements for sensitive data to be securely transmitted to the VHIE and appropriately shared
 - The group will review national data standards for identifying sensitive data and recommend appropriate application of these standards to be implemented across the VHIE
 - The development of a sensitive data policy aligns with the Phase 2 needs of the HIE Shared Services project and will inform further Shared Services efforts

Non-Technical Roadmap HIE Plan Discussion

- Given what we've worked on and accomplished in the past year, and informed by our conversations and the technical roadmap draft,
- And having to produce an updated HIE Strategic Plan in the next few weeks, what can we say now about content for:
 - The Executive Summary
 - Tactical Plan Updates
 - Integration of Consent Recommendations

Executive Summary

- Reminder of the mandate to update the Plan
- Highlight major accomplishments from 2019
- Summarize what is in the plan for the coming year
- Discussion: Accomplishments to highlight? Topic areas may include:
 - Consent
 - Data governance
 - Connectivity
 - More
- Discussion goal: statements of accomplishments reflecting steering committee consensus

Tactical Plan Updates

- Tactical plan updates for 2018-2019 have been reviewed and updated and will be reflected in the HIE Strategic plan update with progress noted.
- 2019-2020 tactical plan will be as developed in the Technical Roadmap
 - Tactics identified as near term (12-18 months); mid-term 18-26 months; or Long term 3-5 years
 - The roadmap identifies 64 tactics associated with several use cases supporting 6 objectives
- Process discussion
 - Revisit this topic following the Roadmap tactics discussion (today or next meeting)
 - Consider capacity to complete tactical activities
 - Do subcommittees / ad hoc committees add capacity?

Integration of Consent Recommendations

- What Act 53 says about the HIT Plan with respect to consent:
 - **The Plan shall provide** for each patient's electronic health information that is contained in the Vermont Health Information Exchange to be accessible to health care facilities, health care professionals, and public and private payers to the extent permitted under federal law unless the patient has affirmatively elected not to have the patient's electronic health information shared in that manner.
- DVHA proposes that this means the HIE Strategic Plan update should document the significant workstream components of the consent implementation plan, to demonstrate that Act 53 is satisfied with respect to the Plan (*note that the HIE Strategic Plan is synonymous with the HIT Plan referenced in legislation*).
- Discussion: Seeking consensus from the Steering Committee that this is the appropriate way to reflect consent integration in the HIE Strategic Plan update.

State of Vermont, HIE Steering Committee HIE Technical Roadmap Project

Roadmap Draft

Lantana Consulting Group

Velatura

September 18, 2019 HIE SC Meeting, Waterbury

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Agenda

1. Finalizing HIE Technical Roadmap
2. Stakeholder Engagement Participants
3. Tactics / Accountable Parties / Timeframes

Finalizing HIE Technical Roadmap

1. Complete feedback rounds with appropriate individuals and organizations
2. Conclude HIE Technical Roadmap document updates
3. Provide final presentations for HIE Technical Roadmap
4. Transition HIE Technical Roadmap ownership
5. Initiate immediate Near Term tactics as agreed upon by HIE Steering Committee

Stakeholder Engagement Participants

Andrew Laing	Agency of Digital Services	Donna Burkett	Planned Parenthood of New England
Dr. Anje Van Berckelaer	Battenkill Valley Health Center	Wendy Campbell	Planned Parenthood of New England
Dr. Joshua Plavin	Blue Cross Blue Shield - VT	Emma Harrigan	Vermont Association of Hospitals and Health Systems
Vicki Hildebrand	Blue Cross Blue Shield - VT	Simone Rueschemeyer	Vermont Care Partners
Jimmy Mauro	Blue Cross Blue Shield - VT	Ken Gingras	Vermont Care Partners
Kelly Lange	Blue Cross Blue Shield - VT	Tracy Dolan	Vermont Department of Health
Georgia Maheras	Bi-State	Karen Clark	Vermont Department of Health
Heather Skeels	Bi-State	Jessie Hammond	Vermont Department of Health
Jennifer Ertel-Hickory	Bi-State/The Health Center	Mary Kate Mohlman	Department of Vermont Health Access, Blueprint
Kathleen Blindow	Bi-State/Island Pond Health & Dental Center	Murali Athuluri	Vermont Department of Health - Mass
Ester Seibold	Bi-State/Island Pond Health & Dental Center		eHealth Collaborative
Beth Tanzman	Blueprint	David Delano	Vermont Department of Health - Mass
Tim Tremblay	Blueprint		eHealth Collaborative
Mary Beth Eldridge	Dartmouth Hitchcock Medical Center	Mike Smith	Vermont Information Technology Leaders
Sarah Lindberg	Green Mountain Care Board	Frank Harris	Vermont Information Technology Leaders
Kelly Gordon	Medicaid	Carolyn Stone	Vermont Information Technology Leaders
Joseph Liscinsky	Medicaid	Andrea De La Bruere	Vermont Information Technology Leaders
Michael Hall	Medicaid	Christopher Shenk	Vermont Information Technology Leaders
Dr. Ryan Sexton	Northeastern Vermont Region Hospital	Jill Olsen	VNAs of Vermont
Carl Zigrovsky	OneCare Vermont	Bobby-Joe Salls	Vermont Education Health Initiative
Amy Hoffman	OneCare Vermont	Leah Fullem	The University of Vermont Health Network
Katie Muir	OneCare Vermont	John McConnell	The University of Vermont Health Network
Pennilee Shortsleeve	OneCare Vermont	Lindsay Morse	The University of Vermont Health Network

Who are the individuals / organizations that are critical to successful adoption of HIE Technical Roadmap?

Tactics/Accountable Parties/Timeframes

Component/Tactic (stage)	Accountable Party/Parties	Launch Timeframe
End User Services		
Reporting Services (R)		
Investigate integration of outpatient cancer reporting	<ul style="list-style-type: none"> • Vermont Department of Health (VDH) • VTTL 	Near Term
Automate reportable labs	<ul style="list-style-type: none"> • Vermont Department of Health (VDH) • VTTL 	Mid Term
Define Quality program universe through census	<ul style="list-style-type: none"> • HIE Steering Committee 	Near Term
Assess data availability against Quality program requirements	<ul style="list-style-type: none"> • Quality Leaders Task Force 	Near Term
Identify opportunities for simplification/harmonization	<ul style="list-style-type: none"> • HIE Steering Committee • Quality Leaders Task Force 	Near Term

Stage Key: (R) = Requirements; (P) = Planning; (E) = Execution

Launch Timeframe Key: Near Term (NT) = 12-18 months; Mid Term (MT) = 19-36 months; Long Term (LT) = 37-60 months

Where multiple accountable parties listed, the first/top listed is the primary responsible party

Tactics/Accountable Parties/Timeframes

Reporting Services (P)		
Increase ambulatory cancer reporting	<ul style="list-style-type: none"> • Vermont Department of Health (VDH) • VITL 	Mid Term
Support birth and fetal death standard reporting	<ul style="list-style-type: none"> • Vermont Department of Health (VDH) • VITL 	Mid Term
Improve standard immunization reporting	<ul style="list-style-type: none"> • Vermont Department of Health (VDH) • VITL 	Near Term
Design Query/Retrieve for Immunizations	<ul style="list-style-type: none"> • Vermont Department of Health (VDH) • VITL 	Near Term
Standard quality reporting formats	<ul style="list-style-type: none"> • Vermont Department of Health (VDH) • VITL • Quality Leaders Task Force 	Mid Term
Reporting Services (E)		
Implement query/retrieve for immunizations	<ul style="list-style-type: none"> • Vermont Department of Health (VDH) • VITL 	Mid Term
Pilot standard quality reporting formats	<ul style="list-style-type: none"> • Vermont Department of Health (VDH) • VITL • Quality Leaders Task Force 	Long Term

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Tactics/Accountable Parties/Timeframes

Notification Services (P)		
Identify use cases and understand workflow for notifications	<ul style="list-style-type: none"> • HIE Steering Committee • All providers 	Near Term
Notification Services (E)		
Increase sources of notifications	<ul style="list-style-type: none"> • VTTL • VHIE Participants (subsets) 	Near Term
Expand sources to new VHIE participants	<ul style="list-style-type: none"> • VTTL • VHIE Participants (subsets) 	Near Term
Increase recipients of notifications	<ul style="list-style-type: none"> • VTTL • VHIE Participants (subsets) 	Near Term
Adhere to standards for consistency	<ul style="list-style-type: none"> • All VHIE participants 	Near Term

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Tactics/Accountable Parties/Timeframes

EHR Integration (R)		
Investigate eClinicalWorks exchange solutions	• VITL	Near Term
EHR Integration (P)		
Evaluate workflow and data access preferences	• HIE Steering Committee (sub-committee)	Near Term
Maintain/expand use of pharmacy claims	• Green Mountain Care Board • All Payers	Mid Term
EHR Integration (E)		
Implement VITLAccess SSO using standards	• VITL • VHIE Participants	Near Term

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Tactics/Accountable Parties/Timeframes

Consumer Tools (R)		
Review current research on consumer access	• HIE Steering Committee	Near Term
Define principles of data access for consumer tools	• HIE Steering Committee	Mid Term
Track progress of open APIs (FHIR)	• VITL	Near Term
Evaluate third-party applications	• VITL	Mid Term
Care Coordination Tools (R)		
Define care coordination tool requirements	• Care Coordination Task	Near Term
Assess care coordination tools against requirements	• Care Coordination Task	Near Term
Expand care coordination tool adoption	• Care Coordination Task	Near Term

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Tactics/Accountable Parties/Timeframes

Patient Attribution (R)		
Validate care team attribution service capabilities	<ul style="list-style-type: none">• HIE Steering Committee• VITL	Near Term
Develop a care team attribution use case	<ul style="list-style-type: none">• HIE Steering Committee• VITL	Near Term

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Tactics/Accountable Parties/Timeframes

Exchange Services		
Data Extraction & Aggregation (R)		
Document requirements for statewide repository	<ul style="list-style-type: none"> • HIE Steering Committee • VHIE participants 	Near Term
Identify what SDOH will be beneficial	<ul style="list-style-type: none"> • HIE Steering Committee • Data Analysts • Care Coordinators 	Near Term

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Tactics/Accountable Parties/Timeframes

Data Extraction & Aggregation (P)		
Review state data on SDOH	<ul style="list-style-type: none"> • HIE Steering Committee • Agency of Digital Services • Agency of Human Services 	Near Term
Review VHIE SDOH data	<ul style="list-style-type: none"> • HIE Steering Committee • VTTL 	Near Term
Align VHIE SDOH with national standards	<ul style="list-style-type: none"> • HIE Steering Committee • VTTL 	Near Term
Map and align state agency data to data standards	<ul style="list-style-type: none"> • HIE Steering Committee • Agency of Digital Services • Agency of Human Services 	Mid Term
Monitor standards for capture of SDOH at point of care	<ul style="list-style-type: none"> • VTTL 	Near Term
Pilot integration of AHS data into EHRs	<ul style="list-style-type: none"> • VTTL • VHIE participants • Agency of Human Services • Agency of Digital Services 	Mid Term
Explore document management services	<ul style="list-style-type: none"> • HIE Steering Committee • VTTL • VHIE Stakeholders 	Near Term
Develop Request For Proposal (RFP) for statewide clinical repository	<ul style="list-style-type: none"> • HIE Steering Committee • Department of Vermont Health Access • Agency of Digital Services • VTTL 	Near Term

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Tactics/Accountable Parties/Timeframes

Data Extraction & Aggregation (E)		
Select and implement statewide clinical repository solution	<ul style="list-style-type: none"> • HIE Steering Committee • Department of Vermont Health Access • Agency of Digital Services • VTTL 	Mid Term
Terminology Services (E)		
Flag and categorize sensitive data per TEFCA	<ul style="list-style-type: none"> • VTTL 	Near Term
Normalize coded data to standards	<ul style="list-style-type: none"> • VTTL 	Near Term

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Tactics/Accountable Parties/Timeframes

Interoperability (R)		
Evaluate federal regulations/rules	<ul style="list-style-type: none"> • HIE Steering Committee • Department of Vermont Health Access • Agency of Digital Services • VTTL 	Near Term
Evaluate federated exchange solutions	<ul style="list-style-type: none"> • HIE Steering Committee • VTTL • Department of Vermont Health Access • Agency of Digital Services 	Near Term
Explore expanding FHIR & query-based capabilities	<ul style="list-style-type: none"> • HIE Steering Committee • VTTL 	Near Term
Interoperability (P)		
Identify and initiate FHIR and query-based use case pilot	<ul style="list-style-type: none"> • Use Case Sub-committee • VTTL • VHIE stakeholders 	Mid Term

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Tactics/Accountable Parties/Timeframes

Interoperability (E)		
Support standards for existing use cases	<ul style="list-style-type: none"> • VHIE stakeholders • VTTL 	Near Term
Ensure data alignment with USCDI	<ul style="list-style-type: none"> • VTTL • HIE Steering Committee 	Near Term
Provide education regarding all available services, including VHIE Direct Secure Messaging (DSM) service	<ul style="list-style-type: none"> • VTTL 	Near Term

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Tactics/Accountable Parties/Timeframes

Data Quality (R)		
Develop data quality work queue and process	<ul style="list-style-type: none"> • HIE Steering Committee • VITL 	Near Term
Define rejection threshold	<ul style="list-style-type: none"> • HIE Steering Committee • VITL 	Near Term
Consider constraining Connectivity Criteria	<ul style="list-style-type: none"> • HIE Steering Committee • VITL 	Near Term
Data Quality (P)		
Consider tools and methods for local validation	<ul style="list-style-type: none"> • VITL 	Near Term
Expand Connectivity Criteria template	<ul style="list-style-type: none"> • HIE Steering Committee • VITL 	Mid Term

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Tactics/Accountable Parties/Timeframes

Data Governance (E)		
Define sensitive data	• Data Governance Authority	Near Term
Map sensitive data to standards	• Data Governance Authority	Near Term

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Tactics/Accountable Parties/Timeframes

Foundational Services		
Identity Management (R)		
Investigate how to support identity management associated with sensitive data exchange	<ul style="list-style-type: none"> • HIE Steering Committee • Green Mountain Care Board • VTTL 	Near Term
Identity Management (P)		
VHIE to provide mechanisms for stakeholders to use UMPI matching	<ul style="list-style-type: none"> • HIE Steering Committee • VTTL 	Near Term
Define UMPI value derivation processes	<ul style="list-style-type: none"> • VTTL 	Mid Term
Identity Management (E)		
Reconcile individuals associated with clinical VHIE information using UMPI in HCI	<ul style="list-style-type: none"> • VTTL 	Near Term
Provide UMPI-matched identities to initial stakeholders	<ul style="list-style-type: none"> • HIE Steering Committee • VTTL 	Near Term
Test reconciliation process	<ul style="list-style-type: none"> • VTTL 	Near Term

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Tactics/Accountable Parties/Timeframes

Consent Policy & Management (R)		
Investigate standards-based consent management independent of HCI	• VITL	Mid Term
Evaluate and pilot granular consent management	<ul style="list-style-type: none"> • HIE Steering Committee • VITL • VHIE stakeholders 	Long Term
Consent Policy & Management (E)		
Implement approved consent policy	<ul style="list-style-type: none"> • HIE Steering Committee • VITL • VHIE stakeholders 	Near Term

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Tactics/Accountable Parties/Timeframes

Provider Directory (P)		
Evaluate existing provider directory capabilities	<ul style="list-style-type: none"> • HIE Steering Committee • Department of Vermont Health Access 	Near Term
Request IAPD funds for integrating with provider directory	<ul style="list-style-type: none"> • Department of Vermont Health Access 	Near Term
Develop VHIE Provider Directory Integration Project Plan	<ul style="list-style-type: none"> • Department of Vermont Health Access • VITL 	Near Term
Seek annual MMIS IAPD funding	<ul style="list-style-type: none"> • Department of Vermont Health Access 	Mid Term
Provider Directory (E)		
Pilot Provider Directory Interoperability	<ul style="list-style-type: none"> • Department of Vermont Health Access • VITL 	Near Term
Fully Deploy Expanded Provider Directory Functionality	<ul style="list-style-type: none"> • Department of Vermont Health Access • VITL • VHIE Stakeholders 	Mid Term

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Questions